

# NEVADA FINANCIAL DISCLOSURE STATEMENT (FDS)

Please read the instruction before completing. Attach additional sheets if necessary.

RECEIVED

JUN 11 2010

**COMMISSION  
ON ETHICS**

**PERSONAL INFORMATION:**

|  |   |
|--|---|
| NAME: <i>Charles Luigi Billings</i>          | LENGTH OF RESIDENCE IN NEVADA: <i>56 yrs 6 months</i>                   |
| ADDRESS: <i>17655 Shadow Lane</i>            |   |
| CITY, STATE, ZIP: <i>Sparks Nevada 89434</i> | LENGTH OF RESIDENCE IN DISTRICT WHERE REGISTERED TO VOTE: <i>16 yrs</i> |
| TELEPHONE: <i>775-626-3450</i>               | E-MAIL: <i>CLB Family@Att.Net</i>                                       |

**SECTION A** (Public Office): List all public offices for which this financial disclosure statement is required and check each box accordingly i.e. annual, candidate or appointment filing. NRS 281A.620.1(g).

| Title of Public Office and Name of Government | Elected, appointed<br>or appointed to elected<br>(E, A, AE) | Annual<br>Compensation | Date elected or<br>appointed | ANNUAL<br>NRS 281A.600.1 &<br>281A.610.1 | CANDIDATE<br>NRS 281A.610.1(a). | APPOINTMENT<br>NRS 281A.600.1 |
|---|---|------------------------|------------------------------|--|---------------------------------|-------------------------------|
|   |   |                        |                              | Check the appropriate boxes below        |                                 |                               |
| <i>Employment Security Advisory Council</i>   | \$  |                        |                              |  |                                 |                               |
|   | \$  |                        |                              |  |                                 |                               |
|   | \$  |                        |                              |  |                                 |                               |

**SECTION B** (Sources of Income): List each source of your income (in addition to any source listed in Section A), or that of any member of your household who is 18 years of age or older. NRS 281A.620.1(b).

|  | Self                              | Household<br>Member |
|--|-----------------------------------|---------------------|
|  | Check the appropriate boxes below |                     |
| <i>International Union Operating Engineers Central Pension</i> | ✓                                 |                     |
| <i>Operating Engineers Local Union #3 Pension</i>              | ✓                                 |                     |
| <i>First Independent Bank of Nevada</i>                        |                                   | ✓                   |

**SECTION C** (Real Property): List specific location and particular use of all real estate (other than personal residence): (1) in which you or a member of your household has a legal or beneficial interest; (2) the fair market value of which is \$2,500 or more; and (3) located in this state or an adjacent state. NRS 281A.620.1(c).

| Specific Location | Particular Use |
|-------------------|----------------|
| <i>NONE</i>       | <i>NONE</i>    |
|                   |                |
|                   |                |
|                   |                |

Name of Public Officer: Charles Luigi Bellizzi

**SECTION D** (Creditors): List each creditor to whom you or a member of your household owes \$5,000 or more [EXCEPT: (1) debt secured by mortgage or deed of trust on your personal residence; and (2) debt on a motor vehicle for personal use retained by seller. NRS 281A.620.1(d).

|   | Household                           |                                     |
|---|-------------------------------------|-------------------------------------|
|   | Self                                | Member                              |
|   | Check the appropriate boxes         |                                     |
| <u>Operating Engineers Credit Union</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <u>Operating Engineers Credit Union</u> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <u>Operating Engineers Credit Union</u> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| <u>Costco American Express</u>          | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

**SECTION E** (Gifts): List the gift, identity of donor and value of each gift if all gifts received are in excess of an aggregate value of \$200 from a donor during the preceding taxable year [EXCEPT: (1) a gift received from a person who is related to you within the third degree of consanguinity or affinity; and (2) ceremonial gifts received for a birthday, wedding, anniversary, holiday or other ceremonial occasion if the donor does not have a substantial interest in your legislative, administrative, or political action]. NRS 281A.620.1(e).

| Gift        | Donor                       | Value of Gift                  |
|-------------|-----------------------------|--------------------------------|
| <u>None</u> | <u>                    </u> | \$ <u>                    </u> |
|             |                             | \$                             |
|             |                             | \$                             |
|             |                             | \$                             |

**SECTION F** (Business Entities): List each business entity (i.e., organization or enterprise operated for economic gain, including a proprietorship, partnership, firm, business, trust joint venture, syndicate, corporation or association) with which you or a member of your household is involved as a trustee, beneficiary of a trust, director, officer, owner in whole or in part, limited or general partner, or holder of a class of stock or security representing 1% or more of the total outstanding stock or securities issued by the business entity. NRS 281A.620.1(f).

|                       | Household                   |                                     |
|-----------------------|-----------------------------|-------------------------------------|
|                       | Self                        | Member                              |
|                       | Check the appropriate boxes |                                     |
| <u>Sage Equipment</u> | <input type="checkbox"/>    | <input checked="" type="checkbox"/> |
|                       | <input type="checkbox"/>    | <input type="checkbox"/>            |
|                       | <input type="checkbox"/>    | <input type="checkbox"/>            |

THE INFORMATION I HAVE PROVIDED HEREIN IS ACCURATE AND COMPLETE.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

**WHERE TO FILE:**

**APPOINTED PUBLIC OFFICERS  
SUBMIT TO:**

Nevada Commission on Ethics  
3476 Executive Pointe Way, Suite 10  
Carson City, Nevada 89706  
775.687.5469 • 775.687.1279 fax

**ELECTED PUBLIC OFFICERS OR CANDIDATES  
SUBMIT TO:**

Nevada Secretary of State, Elections Division  
101 North Carson Street, Suite 3  
Carson City, Nevada 89701  
775.684.5705 • 775.684.5718 fax